

*Pediatric Lyme Disease Foundation
A Night at the Theatre
Saturday, April 28, 2018
Ticket Reservation Form*

Name of Requestor: _____

Number of Tickets: _____

Kiwanis Club Affiliation (if applicable): _____

Phone Number: _____

Email Address: _____

The cost per ticket is \$35 a person. Please arrive by 7:30 p.m. since we are a large group. Show starts at 8 p.m. If coming to the Wine and Cheese reception, please arrive by 7 p.m. Please RSVP by April 13, 2018 if you are able to attend. Tickets will be distributed the night of the event and mailed to addresses only on special request.

Home Address (for tickets to be directed):

Please direct the completed form with enclosed check made payable to “Pediatric Lyme Disease Emergency Relief Fund Foundation” to the attention of:

Jeanne M. Egan-Canning
Board Member/Event Organizer
30 Pearsall Ave
Unit 3D
Glen Cove, NY 11542

If you have any questions, please feel free to contact Jeanne at post2004@att.net or 516-353-8325. If you are interested in sitting next to someone during the performance that will be mailing their request in separately, please let us know and we will try to accommodate your request. We will also select payment the night of the performance.